RECEIVED CENTRAL FAX CENTER

NOV 0 6 2006

NO. 4050 P. 2

PTO/SB/22 (09-08)
Approved for use through 03/31/2007. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE
Under the paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) SO0033USNA (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Filed Application Number January 06, 2004 10/752399 For PROCESS FOR PREPARING POLY(TRIMETHYLENE TEREPHTHALATE) FIBER Examiner P. Butler Art 1732 This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee **Fee** 120.00 \$120 \$60 One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) \$450 \$225 \$1020 \$510 Three months (37 CFR 1.17(a)(3)) \$795 \$1590 Four months (37 CFR 1.17(a)(4)) \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant daims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to I have enclosed a duplicate copy of this sheet. Deposit Account Number 04-192B WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 2 Signature BART E. LERMAN (302) 992-5285 Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted. This collection of information is required by 97 CFR 1.135(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 97 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

11/87/2016 YPOLITE1 09369013 041928 10752399

81 FC:1251

120.00 DA

NO. 4050 P. 3

RECEIVED **CENTRAL FAX CENTER**

NOV 0 6 2006

PTO/SB/17 (07-08)
Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Check Credit Card Money Order None Cherc (please identify): Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (cneck all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee WARNING: Information on this form may become public. Credit card Information and authorization on this form may become public. Credit card Information and authorization on PTD-2015. Application Number 10/752399 Filing Date January 08, 2004 Examiner Name P. Butter Art Unit 1732 Attemety Docket No. S00033USNA Matterney Docket No. S00033USNA Deposit Account Name: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (cneck all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Credit any overpayments WARNING: Information on this form may become public. Credit card information ahould not be included on this form. Provide credit card information and authorization on PTD-2015.	Under the Paperwo				1 10 LER	boud to a correct				IN OWS COURTER UTILIDEL	
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (8) 120.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (plass ideality): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) indicated below, except for the filing fee Other (see(s) ind	Effective on 12/08/2004. Food oursuant to the Consolidated Appendiations Act. 2006 (H.R. 4818).					Complete if Known					
Applicant claims small entity status See 37 CFR 1.27 Examiner Name P. Butter							mber			<u></u>	
Applicant claims small entity status. See 37 CFR 1.27 Enuminer Name P. Butlor Art Unit 1732	,										
An Unit 1732						First Named In	nventor_	Jing C. Chang, El Al.		·	
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1928 Deposit Deposit Deposit Card Number: 04-1928 Deposit De							ne	P. Butler			
Check	Applicant claims small entity status. See 37 OFK 1.27					Art Unit 1732					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	TOTAL AMOUNT OF PAYMENT (\$) 120.00 Attorney Docket No. S00033USNA										
Deposit Account Deposit Account Names: 04-1928 Deposit Account Names: E. I. du Pont de Nemours and Company For the above-identified deposit account, the Director is hereby authorized to: (check sill that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 Credit any overpayments Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Credi	METHOD OF PAYMENT (check all that apply)										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except fee(s) Charge fee(s) indicated below, except fee(s) Charge fee(s) indicated below, except fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge	Check Credit Card Money Order None Other (please identify)!										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except fee(s) Charge fee(s) indicated below, except fee(s) Charge fee(s) indicated below, except fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge fee(s) Charge	Deposit Account Deposit Account Number: 04-1928 Deposit Account Name; E. I. du Pont de Nemours and Company										
Charge fee(s) indicated below	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
WARNING: Information on this form may become public. Credit card information and be included on this form. Provide gradit card information and authorization on PTO-2033. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type. Fee (5) Fee (6) F											
WARNING: Information on this form may become public. Credit card information and be included on this form. Provide gradit card information and authorization on PTO-2033. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type. Fee (5) Fee (6) F	Charge any additional fee(s) or underpayments of fee(s)										
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES Small Entity Eas (5)	warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES Small Entity Small Entity Small Entity Small Entity Ees (\$) Ees (Information and authorization on PTC-2035.										
FILING FEES Small Entity Small Entity Fee (\$) Fee (\$)											
Application Type: Eee (5) Eee	1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
Company Comp			Sm	nail Entity		SmallEntity		Small	<u>Entity</u>	5 5	
Design			- pp. (S)	Feo (\$) E		Eee (\$)	E99	2 (\$) Fee	(\$)		
Plant 200 100 300 150 160 80 0.00 Reissue 300 150 500 250 600 300 0.00 Provisional 200 100 0 0 0 0 0 0.00 2. EXCESS CLAIM FEES Fee Peaching Peach of the Peac	Utility			= -		250	= -		-		
Reissue 300 150 500 250 600 300 0.00 Provisional 200 100 0 0 0 0 0 0.00 2. EXCESS CLAIM FEES Fee Passinism Each claim over 20 (including Reissues) Each independent claims Total Claims Total Claims Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Fee Paid (S) Total Claims Fee (S) Fee	Design		200	100 🛄 1	100	50	∐ 13	0 6	5 -		
Provisional 200 100 0 0 0 0 0 0.00 2. EXCESS CLAIM FEES Fee Peacing Ron Each claim over 20 (including Reissues) 50 25 Each independent claims over 3 (including Reissues) 200 100 Multiple dependent claims Total Claims Extra Claims Fee (8) Fee Paid (8) Fee Paid (8) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (8) Fee Paid (8) HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof are additio	Plant		200	100 🔲 3	300	150	<u> </u>	0 8	0 -		
2. EXCESS CLAIM FEES Each claim over 20 (including Reissucs) Each claim over 20 (including Reissucs) Each lindependent claim over 3 (including Reissues) Multiple dependent claims Total Galms Extra Glaims E	Reissuc		300	150 🔲 5	500	250	☐ 60	0 30	0.		
Each claim over 20 (including Reisaues) Each independent claims over 3 (including Reisaues) Each independent claims over 3 (including Reisaues) Multiple dependent claims Total Glaims Extra Glaims Extra Glaims Extra Glaims Fee (8) Fee Paid (8) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Fee (1) HP = highest number of Independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets -100 = /50 = (round up to a whole number) A. OTHER FEE(8) Non-English Specification, S130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time Registration No. (Attorney/Agem) Telephone (302) 992-5285	Provisional		200	100	0	0		0	0 -	0.00	
Each claim over 20 (including Reissues) Each independent claims Fea (s) Fee Paid (s) HP = highest number of total claims poid for, if greater than 2. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or (round up to a whole number) Other (e.g., late filing surcharge): Petition for One Month Extension of Time Telephone (302) 992-5285	2. EXCESS CL	AIM FEES						_			
Each independent claim over 3 (including Reissues) Each independent claims Total Glaims Extra Glaims Extra Glaims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Glaims Extra Glaims Extra Glaims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) YES 360.00 Total Glaims Fee (\$) Fee Paid (\$) Fee Paid (\$) YES 360.00 Fee Paid (\$) YES 360.00 Fee Paid (\$) YES 360.00 Fee Paid (\$) Fee Paid (\$) YES 360.00 Fee Paid (\$)	<u>Fee Descriptio</u>										
Multiple dependent claims Total Glaims Extra Glaims Extra Glaims Fee (8) Fee Paid (6) HP = highest number of total claims paid for, if greater than 20. Indep. Claims - 3 or HP =	Fach indeper	Each ciaim over 20 (including Resauce)									
Total Claims Extra Claims Ecc.(\$) Fee Paid (\$) Multiple Dependent Claims	Each independent claim over 3 (mendang recesses)									180	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims					Fee	Paid (\$)					
Indep. Claims -3 or HP = xx 2010	. 20) or HP =			_					Fee Paid (%)	
-3 or HP = x 200.00 = HP = highest number of independent claims poid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C., 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 250.00 = (round up to a whole number) x 250.00 = 4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00 Registration No. 31,897 Telephone (302) 992-5285											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee dus is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof = [Fee (5)] 100 = [Fee Paid (5)] 4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00 Registration No. 31,897 Telephone (302) 992-5285	· 3 or HP = x 200.00 a										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence of computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Number of each additional 50 or fraction thereof Eea (\$) 250.00	HP = highest number of independent claims paid for, if greater than 3.										
listings under 37 CFR 1.52(e)), the application size fee dus is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets	I if the enceification and drawings exceed 100 sheets of paper (excluding electronically filed sequence of computer										
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Stars Sheets Number of each additional 50 or fraction thereof 250.00 = (round up to a whole number) x 250.00 = (round	listings under 37 CFR 1.52(e)), the application size fee dus is \$250 (\$125 for small cutity) for each additional 50										
4. OTHER FEE(8) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): Petition for One Month Extension of Time Telephone (302) 992-5285	sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00 SUBMITTED BY Ignature Registration No. 31,897 Telephone (302) 992-5285	10/41 01/64/3										
Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00 SUBMITTED BY ignature 7.5 2 4 Registration No. 31,897 Telephone (302) 992-5285	4. OTHER FEE(8) Fees Paid (8										
Registration No. 31,897 Telephone (302) 992-5285	Other (e.g., late filing surcharge): Petition for One Month Extension of Time 120.00										
ignature Registration No. 31,897 Telephone (302) 992-5285											
(Attomay/Agem) 31,037 (652) 502 525						Registration No	21.80	7	Tetaphone	(202) 992-5285	
	<u> </u>	<u>//·></u>	2			(Attomay/Agent)	31,05	''		·	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete hiduding gathering, preparing, and submitting the completed application farm to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.